



DEC 20 2004 3:38PM

AVENTIS US PAT DEPT

NO. 0763 P. 2

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ROSS J. OEHLER
AVENTIS PHARMACEUTICALS INC.
ROUTE 202-206
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BRIDGEWATER, NJ 08807

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Generia Walker	(Depositor's name)
<i>Generia Walker</i>	(Signature)
12-20-2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,191	02/14/2002	Craig P. Smith	USA V2001/0002 US NP	8943

TITLE OF INVENTION: METHOD OF TREATING OF DEMYELINATING DISEASES OR CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DWAYNE C	1614	514-339000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Barbara E. Kurys

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aventis Pharmaceuticals Inc.

Bridgewater, New Jersey 08807-2854

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 4

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1982 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Barbara E. Kurys

Date

12/20/04

Typed or printed name

Barbara E. Kurys

Registration No.

34,650

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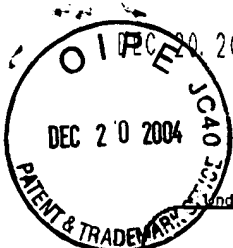
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PAGE 22 * RCVD AT 12/20/2004 3:35:52 PM [Eastern Standard Time] * SVR:USPTO-EFXYR-2/1 * DNIS:7464000 * CSID:908 231 2626 * DURATION (mm:ss):01:18



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AVENTIS US PAT DEPT

NO. 0763 P. 1

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/076,191	
	Filing Date	February 14, 2002	
	First Named Inventor	Craig SMITH et al.	
	Art Unit	1614	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	USAV2001/0002 US NP

ENCLOSURES (Check all that apply)		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Barbara E. KURYS		
Date	December 20, 2004	Reg. No.	34650

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Signature	
Typed or printed name	Ginie Walker
Date	December 20, 2004

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